Effecti	Complete if Known						
Fees pursuant to the Consolid	Application Number		09/699098-Conf. #7141				
FEE TRA	Filing Date		October 27, 2000				
For	First Named In	-	Frederick S.M. Herz				
	Examiner Name		H. Mahmoudi		FED 13		
X Applicant claims small entity status. See 37 CFR 1.27			Art Unit				2013
TOTAL AMOUNT OF PA	YMENT	(\$) 905.00	Attorney Docket	No.	20813.70016L	JS02 \	<u> </u>
METHOD OF PAYME	NT (check all t	hat apply)					DEMAR
Check Credit	Card 1	Money Order No	one Other	(please ident	ify):		
x Deposit Account Dep	posit Account Num	Der: 23/2825 Deposit Ad	count Name:	Wolf, C	Greenfield & Sa	acks, P.C.	
For the above-ide	ntified deposit	account, the Director	is hereby authoriz	ed to: (chec	k all that apply)		
Charge fee(s	s) indicated be	low	Charg	e fee(s) ind	icated below, ex	cept for the	e filing fee
		s) or underpayment o	f x Credit	any overpa	vmente		·
fee(s) under	r 37 CFR 1.16		X Oredit	any overpe			
FEE CALCULATION						· · · · · · · · · · · · · · · · · · ·	
1. BASIC FILING, SEARC			ARCH FEES	EXAMIN	ATION FEES		
	FILIN	Small Entity	Small Entity	EXAMIN	Small Entity		ı
Application Type	Fee (\$)	Fee (\$) Fee (Fee (\$)	Fee (\$)	Fees Pa	<u>aid (\$)</u>
Utility	300	150 500		200	100		
Design	200	100 100	50	130	65		
Plant	200	100 300	150	160	80		
Reissue	300	150 500	250	600	300		
Provisional	200	100 0	0	0	0		
2. EXCESS CLAIM FEES							Small Entity Fee (\$)
Fee Description						Fee (\$)	
Each claim over 20 (inclu Each independent claim o	_					50 200	25 100
Multiple dependent claim	,	ig Keissues)				360	180
•			Paid (\$)	Mı	ıltiple Depende		100
-20 = x =			Fee (\$)			Fee Paid (\$)	
	" -		·				_
Indep. Claims Extra	a Claimsi	ee (\$) Fee	Paid (\$)				_
- 3 =	× _	=					
3. APPLICATION SIZE FE							
If the specification and d listings under 37 CFR							
sheets or fraction ther	reof. See 35 U	J.S.C. 41(a)(1)(G) and	de 13 \$250 (\$125 d 37 CFR 1.16(s).	ior sinuir ci	intry) for each a	aditional 50	ľ
	Extra Sheets		additional 50 or fra		Fee (\$)	Fee P	aid (\$)
- 100 = _		/50	_ (round up to a whe	ole number)	x :	=	<u>.</u>
4. OTHER FEE(S)						Fees P	Paid (\$)
Non-English Specifica		e (no small entity dis	count)	L:		E40	
Other (e.g., late filing	surcharge): 2	253 Extension for re 301 Request for co	esponse witnin t ntinued examina	nira montr ition (RCF) (see 37		0.00 5.00
	ን <u>-</u>	// /	maca examine	illon (i to L		total: \$905	
CHRAITTER DV	1 11/11	<i>H</i>					
SUBMITTED BY		Max	Registration No.	46,066	Telephone	(617) 646	9220
Signature		<i> ////</i> C	(Attorney/Agent)	40,000	+	1017)040)-033U
Name (Print/Type) Daniel F	P. McLoughli	<u> </u>			Date Z	8/06	
		Certificate of Mail	ing Under 37 CFR	1 8(a)	<u>_</u>		
I hereby certify that this pape	er (along with an	y paper referred to as be	ing attached or enclo	osed) is being	deposited with th	e U.S. Postal	Service on
the date shown below with s Box 1450, Alexandria, VA 2		e as First Class Mail, in a	n envelope addresse	eorto: Mail St 	op RCE, Commiss	noner for Pate	ints, P.O.
Dated: Survay	2006	Signature:	1.1/1/1	4	. ^ 1	. ^	000
- 1/V V-COY		Signature.	 		Anaela	Man	444V